ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE	
FEE DETERMINATION	UP	(A9A)	व्राप्	
O.I.P.E. CLASSIFIER		12	5/12	
FORMALITY REVIEW	She	887	09-12-00	
RESPONSE FORMALITY REVIEW			0772-00	

INDEX OF CLAIMS

~	Rejected	N	Non-elected
	Allowed		Interference
_	(Through numeral) Canceled	_	Appeal
•	Restricted	_	Objected

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Claim Date	CI	laim C	Date	Ctairn	Date
Final Ortginal 3-11-2	Finat	Original		Final Original	
2/1		51 52 53		101	
5 0		54 55		103 ~ 104 106 ·	三 医巴克克氏 阿尔斯克氏氏 阿廷氏氏征
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28 29 29	7	77		127 128 129	
30 31 32 33	8	80		130 131 132	
34 35 36	8 8	15		133 134 135	
37 38 39	8	7		136 137 138	
40	90	0		139 140	
42 43 44 45	92	3		142 143 144	
46 47 48	95 96 97			145 146 147	
49 50	99 100			148 149 150	

If more than 150 claims or 10 actions staple additional sheet here

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